r	Divisio	on of Health Service R	equiation				MAPPROVE
	AND PLA	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DAT	TE SURVEY MPLETED
ŀ	-		HAL081008	B, WING			
	NAME OF	PROVIDER OR SUPPLIER	STREET	DORESS, CITY,	STATE, ZIP CODE		/08/2016
	SOUTH	ERN MANOR REST HO	OME 390 HAR	RDIN ROAD			
r	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	CITY, NC 2			
	TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
	C 000	Initial Comments		C 000			
		Report of a Biennial Miller and Greg Cate	Construction Survey by Ed s on April 8, 2015.				
		Records indicate this	facility was first licensed or		1.708.388	11 May 2	
		submitted for licensu	re on August 1, 1984. The		H:	A STEEL ST	
		information, we are n	25 beds. Based on this equiring the facility to meet			JA)	
		the 1977 Minimum ar	nd Desired Standards and			~ ~ ~ ~	
		the 1978 NC State Bu	es for the Aged and Infirm, uilding Code - Institutional			, ,	- 1
	1 1	Occupancy and the a	pplicable portions of the				.
	! !	Seven or more Beds.	r Adult Care Homes for	- 1		1	
		Physical plant deficier	cies were noted which	1		-[- 1
	1 1	require a plan of corre	ction.				- 1
	C 101	Existing Licensed Fac	- No less than '71 Rules	C 101			.
	5	SECTION .0300 - PHY	SICAL PLANT			-	
		10A NCAC 13F .0301 PHYSICAL PLANT RE	APPLICATION OF				- 1
	1	he physical plant requ	irements for each adult	- 1		1	- 1
	0	are home shall be apı	plied as follows: rwise specified, existing				
	i No	censed facilities or po	rtions of existing licensed			1	
	;] Ta	icilities shall meet lice	nsure and code at the time of construction,				- 1
	i cr	nange in service or be	d count, addition.	1			
	: re	novation, or alteration e requirements for an	; however in no case shall y licensed facility where				- 1
	: / no	addition of renovatio	n has been made, he tees l				
	: th	an those requirements finimum and Desired	s found in the 1971	j			
	. Re	agulations" for "Home:	s for the Aged and Infirm"	ĺ			1
	C0	ples of which are avai	lable at the Division of on, 701 Barbour Drive,	.	4		
	Ra	leigh, North Carolina,	27603 at no cost;		A		
ıη	of Health	Service Regulation					
9	I ORY DIR	ECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATU	IRE	TITLE	(X6)	DATE
F	ORM		6000	2МНН	21.1	1	
				X	handa Ces	If continuellon she	rel 1 of 24
				V \	7 10 10 T.	_	

STATEMENT OF DEFICIENCE				FORM APPRO
AND PLAN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY
		A. BUILDIN	IG: 01	COMPLETED
	HAL081008	B. WING_		
AME OF PROVIDER OR SUF	PLIER STREET	ADDRESS, CITY	, STATE, ZIP CODE	04/08/2016
OUTHERN MANOR RE	STHOME 380 HA	RDIN ROAD		
	FORES	Y CITY, NC 2	28043	
REFIX (EACH DEFI	RY STATEMENT OF DEPICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX DEFICIENCY)	D BE COMPLET
C 101 Continued Fro	m page 1	C 101		-
This Rule is n	ot met as evidenced by:		Now ramp has been	.
Based on meet NC State	observation, the facility failed to Bullding Code at the time of initial	d	New ramp has been replaced and prepare	d
Licensing by rid	of having exit ramps built to the		Topica or propore	1 .
requirements of residents, staff	f the code. This could affect all and visitors by having ramps			8/3/5
steeper than ca Findings on Apr	in be safety traveled.			1',"
 a. The slope of 	of the ramp (14 in 60) at the right	1 1		
side exit, greati	y exceeds the maximum of 1 in 12			
allowed for ram	ps.	1 1		1
110 Construction-Me	eet Sanitary Requirements	C 110		
SECTION .0300	- PHYSICAL PLANT	1 1		
10A NCAC 13F	.0302 DESIGN AND			
CONSTRUCTION (e) The senitation	on, water supply, sewage			
disposal and-die	tary facilities shall comply with			
the rules of the				
which are income	ivision of Environmental Health, prated by reference, including all			İ
subsequent ame	ndments. The "Rules Governing			-
the sanitation of	Hospitals, Nursing and Rest ms, Sanatoriums, and			
Educational and (Other Institutions", 154 NCAC	1		
18A .1300 are av	ailable for inspection at the	[•	1
Resources, Divisi	vironment and Natural on of Environmental Health,			
2728 Capital Boul	evard, Raleigh, North Carolina			
Copies may be of	tained from Environmental			
Center, Raleigh, N	ection, 1632 Mail Service lorth Carolina 27699-1632 at no			1
cost.	100c at 110			
This Pulp Is not		6		
 Based on obse 	et as evidenced by: ervation, and review of records,	HC	lministrator/Manag ill 100Kat report	jer
the facility failed to	improve the building sanitation	W	ill 100Kat report	
Health Service Regulation				

Divis	sion of Health Service R	equiation			PRINTED: 05/28/ FORM APPRO	/2015 OVED
I STATE	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG: 01	(X3) DATE SURVEY COMPLETED	1
\vdash		HAL081008	B, WING _		nama manana	
NAME	OF PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	STATE, ZIP CODE	04/08/2015	
SOUT	THERN MANOR REST HO	ME 390 HAR	DIN ROAD			
(X4) I	D SUMMARY STAT	TEMENT OF DESICHACIES	CITY, NC 2			
TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL C IDENT/FYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BY	erre
C 11	since the June 24, 20 affects all residents, them to unclean cond Findings on April 8, 2 a. The Sanitation so included Items such a buffing the floors that Cleaning Residents' F	013 Report. This deficiency staff and visitors by exposing ditions, 015: core in 2013 was 91.50,	C 110	Every time Itealth De come out and mak Changes, or fix prof that need to be fixed	continent cether olem d. 8/30/19	5
b S C R	SECTION .0300 - PHY 10A NCAC 13F .0302 CONSTRUCTION(f) The facility shall have fire and building safety shall be maintained in the review. This Rule is not met as 1. Based on record re Manager, the facility fail environment in accordate deficiency affects all rest by not preventing any symay be discovered with Findings on April 8, 2016 a. Manager indicated the Sanitation Report was not a Manager indicated the Sanitation Report was not a Manager indicated the Report was not available.	DESIGNAND The current sanitation and inspection reports which the home and available for sevidenced by: The view, and interview with led to provide an ince with this Rule. This idents, staff and visitors estems deficiency that annual inspections. The Annual Building of available for review. The Annual Kitchen of available for review. The Annual Fire Officials for review.	C 111	All reports will be in Administrator of the competition by	eal 8/34/15	
	Sathrooms-Must Provide		132			:
of Hori	ECTION .0300 - PHYSI	CAL PLANT				
FORM	h Service Regulation					

Divis	ion of Health Service R	egulation			FORM	1APPROVE
STATE	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		ESURVEY
14.2	Des of GORRED HOR	IDENTIFICATION NUMBER:	A. BUILDIN	IG: 01	COM	PLETED
		HAL081008	B. WING_		04/	08/2015
NAME	OF PROVIDER OR SUPPLIER	SYREET A	DDRESS, CITY	, STATE, ZIP CODE	0.11	0012.010
Sour	HERN MANOR REST HO	200 1140	DIN ROAD	,		
		FOREST	CITY, NC ;	28043		
(X4) II PREFI TAG	X (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	COMPLETE DATE
C 13	32 Continued From pa	ge 3	C 132			
	10A NCAC 13F .030	-				
	ENVIRONMENT		1			,
		ts for bathrooms and toilet				
	rooms are:	and tailet many abolt be	1			
	designed to provide	and toilet rooms shall be privacy. Bathrooms and toilet	Î	1		
	rooms with two or m	ore water closets		·		
	(commodes) shall he	ave privacy partitions or		1	- 1	
		ter closet. Each tub or rivacy partitions or curtains;	1	I All Illindas ha	Ve	8/30/
	Shower shall have pr	ivacy partitions or curtains;		HII MILLOR ITE	.,,	1" 1115
	This Rule is not met	as evidenced by:		All Window ha been Covered w	ith	
		vation, the facility failed to		been corasa a	.,,,	
	provide privacy.	fixture have curtain to		21, 10		
	Findings on April 8, 2	2015;		blinas		model
	a. In the Hall Show	er, the window was not		There has been a Dr	ivaey	(195415)
	equipped curtains or privacy from the exte	any other device to provide		autoin Alt at W	iindib	W
	privacy nom me exic	nor.		Blinds There has been a pr curtain put at n		
C 150	Corridors-Free of equ	ipment and Obstructions	C 150			
	SECTION .0300 - PH	YSICAL PLANT				1
	10A NCAC 13F .0305 ENVIRONMENT	PHYSICAL	1		- 1	- 1
	(g) The requirements	for cortidors are:	- 1			- 1
	(4) Corridors shall be	free of all equipment and				
	other obstructions.		- 1	· · · · · · · · · · · · · · · · · · ·	rager	- 1
	This Duty is not much	. ,	- 1	Administrator Silving	10 shul	1
	This Rule is not met a 1. Based on observa	as evidenced by: ation, the Bullding was not		Till do a Walk this	وأسترار	
	maintained in a safe n	nanner by not maintaining a		on a daily basic to	ensio	re 1
	clear unobstructed exi	t path from the residents'	li li	and is maintained	74	
	rooms to the outside.		1	Zafety manner. ha	5	0/-1/
	during an emergency.	litors by obstructing egress	ľ	1.11 Bouloment In	ر ا	8/3%/5-
	Findings on April 8, 20			all The Col	2	. ,,5
-	 a. The access to the 	back exit from Kitchen was		Administrator/SIC/Ma will do a Walk thru on azdaily basic to outding is maintained i Sofety manner. ha been stored in SAF	0	
	partially blocked with a	large plece of kitchen		Manner		1
ion of He	allh Service Regulation			1,604		

	Divisio	on of Health Service R	egulation	,		FORM	APPROVE
	SYATEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDE	TIPLE CONSTRUCTION NG: 01		SURVEY
ŀ			HAL081008	B, WING_		04/0	08/2015
I	NAME OF	F PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	Y, STATE, ZIP CODE		
	SOUTH	ERN MANOR REST HO	ME 390 HA	RDIN ROAD T CITY, NC			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	PEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(XS) COMPLETE DATE
	C 150	equipment, b. A unattended me	pe 4 op and mop bucket was dor outside Housekeeping fo	C 150	Documentation of Walk Will bein Deffice Sur All Cleaning Sur and mop and map	oplys oucke	
	C 153	exits are: (3) All exit door locks	YSICAL PLANT		Closet when No in use)+ 	
		maintained in a safe n single hand motion do would affect all resider requiring more time to emergency. Findings on April 8, 20 a. The exterior Kitches single-motion hardwar equipped with an addit added extra hand motion.	ation, the building was not nanner by not providing or hardware at exits. This nots, staff and visitors by exit the building during an 15: an Exit door knob was not e and the door was ional lock (dead bolt) which ons to operate the door, was equipped with a olt, which would require a		been Replace which Single has motion lock. Kitchen door Knob has been Replace with Single has with Single has been replaced w		nlis
	s	Dutside Premises-Clea ECTION .0300 - PHY 0A NCAC 13F .0305	SICAL PLANT	C 160	with single mun rock.		
ie	n of Heal	th Service Regulation					

Divisi	on of Health Service R	egulation			FURM	APPROVED
STATE	MENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY
MADE	AN OF CORRECTION	IDENTIFICATION NUMBER;	A. BUILDING	3: 01	COMP	LETED :
1		· ·				
		HAL081008	B. WING		04/0	8/2015
NAME (F PROVIDER OR SUPPLIER	STREET	ODRESS, CITY	STATE, ZIP CODE		
		390 HAG	RDIN ROAD	ominate door		
SOUT	HERN MANOR REST HO	IME	CITY, NC 2	8043		
(X4) IC	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	NEGOCATOR OR E.	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	MAIE	WIE
0.40	0.0-4		10444		-	
C 16	Ontinued From page	ge 5	C 160			
	ENVIRONMENT			Maintained and K in a Clean and Maner and a M	l	
		nts for outside premises are:	1	1	100	-1 .
		unds of new and existing	1	LAN CHOUNDS WILL	De 1	Slall
		intained in a clean and safe	}	HII GION .		كالهداه
	condition;			1 1 16	000	
				land about of the	reet]	
	This Rule is not me	t as evidenced by:	1	Maritan		
		vation, the outside grounds		۵۱ - ۵ ۵ ۵	150	
1	were not maintained	in a clean and safe	1	the Clean and	V - 40	1
	condition.		1	11100	MIN	
	Findings on April 8, 2		1	bana and a v	,,,,,,	- 1
	corridor had several	rance and left end of the	1	Manerana um thru will be done	on I	, 1
		ers were hanging/drooping	1	thru Will be over	Amin'i	stetat
		not allowing the rain water to	1 1	thru will be done a daily basics by A manager stc to ensurance is fand Rest name is f		munds
		m entering the building.	1 1	a Guing to this	we gr	DUIDS
		outs were misaligned or not	1 (Million 15 +	100	1
		f gutters, thus not allowing	1 1	and maltained in a c	ros	1
		lirected away from entering	1 1	and maltained in	and	- 1
	the building.	are and have been covered	1	and maltained in a condition	on in	
		ers ends have been covered when water backs up in the	1 L	and safe condition will be	ze.icij	
	gutter the water is en	tering the building	1 0	office.		- 1
		or similar object, used to	i '	orrice.	ĺ	- 1
		vas obstructing the left exit		all roof gutters. Will be repaired and down stranged correctly	se !	
	door and creating a tr] [Willroot gardidon ar	nuts	1
		haust there was a 2 Inch by		remined and all 13th	Jo J	1
	vermin to enter.	erior wall which would allow		are allianed correctly	10	- 1
		right side exit, a clean-out	1	the rose all Hers.	- 1	- 1
1		rface by 1 1/2 inches creating		ands have		
1	a tripping hazard.	Stranger or and all the	- 11	the roofgutters. All gutters ends have been removed. Large	well	- 1
	h. The ground on the	e right side of the building,	18	been removed , some	ed. L	
- 1		water where insects could	19	heet has been remove	aired	- [
	breed.		[3	The whole will be ref	er.	
			<	an viermin an " and down	< I	- 1
C 164	Housekeeping and Fu	rnishings-Clean, Repaired	C 164	so vermin can redout	on	1
			Γ			
ion of He	sith Service Regulation		у,	has bee many.		

Division of Health Service Regulation					TOTAL TOTAL
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAYE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	: 01	COMPLETED
			l		
		HAL081008	B. WING		04/08/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1
		390 HARO	IN ROAD		
SOUTHE	RN MANOR REST HO	ME FOREST (CITY, NC 2	8043	
(X4) ID	SUMMARY SYA	TEMENT OF DEFICIENCIES	ib	PROVIDER'S PLAN OF CORRECTION	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATOR! ON E	JO IDENTIFY THE USE OF		DEFICIENCY)	
0.164	Continued From ho	ao B	C 164	Ruddles have been in with dirt.	Filled
C 164	Continued From page	-		mudicate dirt.	1 1
	SECTION .0300 - P	HYSICAL PLANT		IL MILL CO.	1.
		06 HOUSEKEEPING AND		1	
	FURNISHINGS (a) Adult care home	e chall:		all Walls and	1 1
	(1) have walls ceili	ngs, and floors or floor		(())	
	coverings kept clear	n and in good repair;		Class	
	(2) have no chronic	unpleasant odors;		Chiling Floors Both room will	
- 1	(3) have furniture c	lean and in good repair;		Com S	101
		apply to new and existing		- 11/11	18/21/
í	facilities.			= 1/2 CDM O	0 0 0
1	This Rule is not me	et as evidenced by:		LKOHI 100	1 ' ' 1
1	Based on Obse	rvation, the facility failed to		1 seed	
	provide an environm	nent in accordance with this		Both rom with	1 1
1	Rule. This would aff	ect all residents, staff and		he me	
		y exposing them to a building		be maintained and Clean Al	Iministrala [
1	in disrepair. Findings on April 8,	2015:		SICI Manner Will	ancube.
	a. The corner	bead on shower build-out was		Orto more Will.	Crisa a
	missing in Bath 1			exc Manner ous a d	ariss
ĺ	b. The shower in E	Bath 1 had no shower curtain		Bis to dore That	WUITS
	and water was migra	ating to the general floor area		Freis When War	tation
1	and there was no flo	oor drain.	·	Charles Of Control	
	c. In Bath 1 the ce black but originally v	ramic tile floor grout was		SIC Manner Will this is done walk to basics when walk to documer done and documer will be placed in office	2.
1	d The back Panto	y wall was dirty and in		will be placed in office Com bead on show	ver-Bath1
1	disrepair.	,		rom bead of silve	
ì	e. The floors a	and walls were dirty at the		was replaced curto Bath I shower curto	in 1
	following locations to	o include but not limited to:			W 1
	i. Med Room	It was day footed aguismant		was putup. Will be	-utih 1
	ii. Kitchen, especia	ally under footed equipment, the light fixture was missing		was redrain will be	pur "
	f. The globe to at the following local	tions to include but not limited		was putup. Floor drain will be	
	to:			1000 T 1000	TANIEL I
	 Bedroom 1. 			be repaired and cl	eaned
	g. The light fix	ture was missing it bulb at the		Be of Day by table	uas l
1		o include but not limited to:	4		
	 Bedroom 1. The light fixtures 	s were not illuminating their		LALAANAA CUMI LEAVOI	_
1	h. The light fixtures spaces. Locations o	f specific examples include		All Floor in facility	y rave

2MHH21

Divis	Division of Health Service Regulation					
STATE	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION ; 01	(X3) DATE SURVEY COMPLETED	
		HAL081008	B. WING		04/08/2015	
NAME	OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	SYATE, ZIP CODE		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	390 HARD	IN ROAD			
SOUT	HERN MANOR REST HO	OME FOREST (CITY, NC 28	1043		
(X4) I PREF TAG	IX (EACH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROV DEFICIENCY)	PRIATE COMPLETE	
C1	extinguished by rub siding, with their em the walf and ground j. The telephone is falling off the exterior k. The vinyl siding dare equipment had would allow water at Several vinyl sid been broken loose vinsects and vermin m. On the back sid vinyl siding and soff connection loose whinsecst to enter the n. There were seviding had been ren would allow water, it	t Corridor, s, cigarette are being bing them against the vinyl bers and ashes falling onto l. network interface device was or wall. had many areas were lawn d damaged lower panels which and insects to enter the wail. ding corners connections had which would allow water, to enter the wall le, vines had infiltrated the it. The vines had forced hich would allow water and		Deen repaired and for been painted been painted bedroom! light fixtu repaired. Will be Repaired. Cigarette buckethas & put in place for resident put out there cigarette been in use be taking down. Wall bass, Will bass	air 8/30/5 seen donts areste hat will	
	wall. o. The wall base h intersection of the w locations to include i. Bedroom 13 ii. Bedroom 14, iii. Bedroom 15,	as been removed from the vall and floor at the following but not limited to:		be Repaired	8/30/5	
	provide an environm Rule. This would aff visitors by exposing odors, unclean cond disrepair. Findings on April 8, a. The ice machine directly onto a slight	rvation, the facility failed to nent in accordance with this ect all residents, staff and them to chronic unpleasant litions and equipment in 2015: e drain in the Kitchen spills by sloping floor, creating an 18		all drain in Kitchen Spills W	ill 8/20/5	

Division	of Health Service Re	gulation	,		Total party cultures
	NY OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X9) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A, BUILDING	:01	
			Í		
		HAL081008 .	B, WING		04/08/2015
NAME OF	PROVIDER OR SUPPLIER	. STREET AD	DRESS, CITY.	STATE, ZIP CODE	
		390 HART	NN ROAD		
SOUTHE	ERN MANOR REST HO	VMC	CITY, NC 28	3043	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CONRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
C 164	drain. The water is	collecting trash and dirt.	C 184		
	kept clean and in go building component originally intended of affect all residents, component does not Findings on April 8, a. The doorknob will function properly will locations to include it. Bathroom to Be b. There were not the following locations to: i. Window side clic. The Closet doo following locations to include it. Bedroom 15, d. The repaired do	2015: vas loose and may not nen used at the following but not limited to: droom 11, door handles to the doors at ns to include but not limited best to Bedroom 9. In had a hole in the door at the o include but not limited to: for handle was left with dges, at the following		be Repoir for Bathroom to Bedroom Door Handles will be not doors, and reported has been reported to be a constant of the conset door.	will 8/30/5 nil se put paired iredir
	maintain the walls a maintained manner, residents, staff and unclean and dirty by producing odors. Findings on April 8, a. The ceiling fans b. The dining chair down and put on the are very dirty.	was covered with dust/lint. s have been turned upside tables but the chair's feet vations, the facility has failed s clean and in good repair.		Will Be Replace and clean and di and clean and di moon will be clean room will be clean this on every meal.	n ning offer check

DIVISION	OF LIGHT DELAICS VE	squiation			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. SUILLING	r, w r	
	,	HAL081008	B, WING		04/08/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	SYATE, ZIP CODE	
SOUTH	ERN MANOR REST HO	ME 390 HARI	DIN ROAD		
300111	THE INCHOR REST FIC	FOREST	CITY, NC 2	8043	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETE
C 184	Continued From para. In the following chipped, cracked, di Rooms include but a i. Tub 1, ii. Dining, iii. Kitchen, iv. Pantry. 6. Based on obserto maintain the furnit Findings on April 22, a. In Bedroom 3, the Many of the woo Rooms are missing the drawers, and oft missing making it ne drawer at the followil limited to: i. Bedroom 13, c. Many of the woo Rooms are missing: at the following locatio: i. Bedroom 13, ii. Bedroom 1 iii. Bedroom 3 iv. Bedroom 6 d. There are severathe Residents' Room cushion is torn at the include but not limite ii. Bedroom 13 7. Based on Obserkept clean and in goo building components originally intended or	rooms, the floor tiles were eteriorated, broken or loose, are not ilmited to: vations, the facility has failed ture clean and in good repair. 2015: here was an unsturdy chair, at least one knob/handle on en both knobs/handles are early impossible to open the not locations to include but not at least one drawers and dirty ions to include but not limited at least one drawers and dirty ions to include but not limited at least one drawers and dirty ions to include but not limited at least one drawers and dirty ions to include but not limited at wood and virryl chairs in its that are broken or the following locations to do to: vation, the Building was not or repair, because some failed to function as are missing. This could	C 164		ace in Panty. er 1892 ru. on sure ouncil tation
- 1	affect all residents, s component does not components.	work properly or is missing			

2MHH21

Divi	sion of Health Service R	egulation	FORMAFFROVE			
	EMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION	(X3) DATE SU	
- Alico	CAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G: 01	COMPLET	TED
1						
		HAL081008	B, WING _		04/08/2	2015
NAME	OF PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	, STATE, ZIP CODE		,
800	FUEDN MANOD DEST U	390 HAR	DIN ROAD			-
300	THERN MANOR REST HO	FOREST	CITY, NC 2	28043		
(X4)		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(305)
PRE		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
C 1	64 Continued From pa	ge 10	C 164			1
	Findings on April 22	. 2015:			(-00	
		vindow screens in the		1011 MINGON 20	een	
		and the hanging fly trapping		All Window Sc		1
		effective so there was an of flies when the windows are		Will be Replace		1
		g locations to include but not		1. CH be Keplae	ed	- 1
	limited to:	g isotherin to include pat not		MIII De		1
	 Bedroom 9, 			I was Clark	(C.OX)_	أبار
	ii. Bedroom 14,			and all the	ide 18	1361
	iii. Bedroom 3,			and our	1 1	17/15
٠.	66 Housekeeping-Main	tained Free of Hazarda	C 186	and all fly to will be Change in a timely me	d	- 1
0 1	oo nousekeeping-waiii	latifed 1166 Of Flazarda	0.00	I be cruigs	•	- 1
	SECTION .0300 - P	HYSICAL PLANT		Wen	اسمم	- 1
		6 HOUSEKEEPING AND		I'm a timely M	uler	- 1
	FURNISHINGS (a) Adult care home	e eball:		In a		- 1
		an uncluttered, clean and	·			- 1
		of all obstructions and				- 1
	hazards;					- 1
	(e) This Rule shall a facilities.	apply to new and existing				
	raciioes.				1	- 1
	This Rule is not met					- 1
		ration, the Building plumbing			11	
		naintained in a safe manner properly working parts. This		W Priday Do 1. a	"	- 1
		ents, staff and visitors by not		(Cli planois)		
		unexpected missing parts.		Sad Flo	270	- 1
	Findings on April 8, 2			1 DODGITECT		- 1
		Tub 1 was missing its cover		De to the Tubi CO		. 1
	plate, creating a tripp	ning nazaro.		drain in replaced	· 81	اسحالاند
C 17	0 Housekeeping-Curta	ins, Blinds, Res. Privacy	C 170	Oll Plunbing Wi be Repaired. Floo drain in the Tubi con drain was replaced	10 /3	70
	OFFICE STATE OF	DADIO AL DI ANIT			1	
	SECTION .0300 - PH 10A NCAC 13F .0300					
	FURNISHINGS	TOUGENEETINGAND				
	(a) Adult care homes	shall:			1	- 1:

On the same of the same of	of Health Service Re				i Orini	APPROVE
AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		PLE CONSTRUCTION	(X3) DATE	
		in a state of the	A. BUILDIN	G: 01	COMP	LETED
		HAL081008	B. WING		04/0	8/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY	STATE, ZIP CODE	0.50	0/2010
SOUTHER	RN MANOR REST HO		DIN ROAD			
		FOREST	CITY, NC 2	8043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	DBE	(XS) COMPLETE DATE
C 170	Continued From pag	ge 11	C 170			
10	9) have curtains, de	raperies or blinds at windows		1		Dalham
it	n resident use areas	s to provide for resident		All Reidents Room	vanal	Battyou
	orivacy; e) This Rule shall a	pply to new and existing		Will have blind or curtains to privacy for all R	.	
	acilities.	ppry to now and existing		inial hove blind	S	1.1
	hin Dule is not and			will issue	01.0	سر. [36]
	his Rule is not met The faculty failed	as evidenced by: I to maintain curtains,		or custains to	ensur	もの
di	raperies or blinds at	windows for privacy.		01 Can 100 0	esidan	45
F	indings on April 8, 2	015:		privacy for use in	-SICKER	
		ndow blinds in the facility		1.)	- 1	
W	ere damaged so tha indow adequately b	at they no longer cover the n these instances there was	- 1		- 1	
		cover the window for	- 1			
	ivacy or aesthetics.					
b.	The Bathroom will	ndow had no means to	-		- 1	
co	over the window for	privacy.	1			
C 174 Be	edroom Furnishings	-Table, Mirror, Chairs	C 174			
SE	CTION .0300 - PH	YSICAL PLANT				
		HOUSEKEEPING AND	- 1		i	- 1
	JRNISHINGS	all house the fallessies	-			ı
fur		all have the following pair and clean for each		All furnishing Will be Replace In good condit	İ	
	a bedside type tab			, LAC		- 1
	chest of drawers of			C (15h 17)		- 1
	ovided as built-ins, o	or a double chest of sser for two residents;	1	all turns aloc	e l	- 1
(4)	wers or double are: a wall or dresser m	nirror that can be used by		141 La Replu	-	1
	ch resident:	arror trial carried dated by		1 of pe 101 101		1/2/2
(5)	a minimum of one	comfortable chair (rocker		Will a readit	100 18,	1345
ors	straight, arm or with	out arms, as preferred by		and Contain	'	′ ′
		from floor for easy rising:		in Gold		- 1
	addidonal chairs av visitors;	vailable, as needed, for use		11. 0		- 1
		ly to new and existing	1			- 1
	lities.	,	- 1			,

	of Health Service Re				FORMA	
	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X5) DATE :	
			A. BUILDING	0: 01	COMP	EIED
		HAL081008	B. WING		04/01	8/2015
AME OF	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY,	, STATE, ZIP CODE	04/01	1/2010
	This season was a second	390 HAD	DIN ROAD	, orrespondent and the second		
OUTH	ERN MANOR REST HO	ME:	CITY, NC 2	8043		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DBE	(X6) COMPLET DATE
C 174	Continued From pag	ge 12	C 174			
	to provide resident of furniture for the num affect all residents, be setting instead of a he Findings on April 8, 2 a. Nearly all resider quantity of arm chair in the room. Location include but are not in	vation, the facility has failed borns with the required ber of residents. This could by providing en institutional nomelike setting. 2015: nt rooms lacked a sufficient s for the number of residents as of specific examples mited to: sidents) - 1 Chair sidents) - 0 Chair idents) - 0 Chair idents) - 1 Chair		Will be Furniture the Number DC Residents in i	for	8/3/ ₈
C 183	Fire Extinguishers		C 183			
i i i i i i i i i i i i i i i i i i i	(a) At least one five paragraphs (b) Cone five pound or CO/2 type is required policiable, in the male that the managraphs of the managraphs of the managraphs of the managraphs of the paragraphs of the policial of the polic	B FIRE EXTINGUISHERS cound or larger (net charge) uisher is required for each loor area or fraction thereof, r larger (net charge) A-B-C ed in the kitchen and, where ntenance shop. as evidenced by: at a coordance with this at all residents, staff and emergency equipment in		has been in spe will be checked on wall he basic to e emergency equipment emergency equipment emergency equipment emergency equipment emergency equipment emergency equipment	uistes ecled a ensure fin	19/18

_Divlsk	on of Health Service Re	egulation			FORM APPROVE	D
AND PL	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY	
			A. BUILDIN	G; 01	COMPLETED	
		HAL081008	8. WING_		04/08/2015	
NAMEO	F PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	STATE, ZIP CODE		
SOUTH	IERN MANOR REST HO	1900	RDIN ROAD	20.45		1
(X4) JD	SUMMARY STAT	EMENT OF DEFICIENCIES	CITY, NC 2	PROVIDER'S PLAN OF CORRECTS	ON!	-
PRÉFIX YAG	(EACH DEFICIENCY	MUSY BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	1
C 183	Continued From pag	je 13	C 183			i
	tags,			J	111	1
	b. Through-out the extinguishers annua performed on April 2	building, the portable fire maintenance was last 012.			14/19/15	
C 188	Electrical Outlets in \	Vet Locations	C 188			l
	All adult care home e locations at sinks, ba	FYSICAL PLANT DELECTRICAL OUTLETS lectrical outlets in wet throoms and outside of ound fault interrupters.				
C 189	This Rule is not met 1. Based on Observe maintain in a safe ma receptacles in wet are residents, staff and viground fault protection. Findings on April 8, 20 a. The ground-fault electrical power recept of the test button and tester at the following limited to: i. Bedroom 4, Building Equipment M: SECTION .0300 - PHY 10A NCAC 13F .0311 REQUIREMENTS (a) The building and a	as evidenced by: ration, the facility failed to nner, the electrical power ras. This would affect all sitors by not providing to these devices. 215: circuit-interrupter (GFCI) tacle did not trip with a push when tested with a circuit locations to include but not aintained Safe, Operating (SICAL PLANT OTHER If fire safety, electrical, ping equipment in an adult intained in a safe and	C 189	Power Receptacle has been fix and repaired, All equipment will I naintained on a di basic with walk the movide by Administ Manager/Str.	be zily	

	Divisio	n of Health Service R	egulation			FORM	APPROVE
	STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION		SURVEY
			HAL081008	B. WING			
I	NAME OF	PROVIDER OR SUPPLIER	PTOCOV			04/0	8/2015
1				RDIN ROAD	STATE, ZIP CODE		
	SOUTH	ERN MANOR REST HO	/IFIL	T CITY, NC 2	8043		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DAE	(Xd) COMPLETE DATE
	C 189	Continued From pag	ge 14	C 189			
			y to existing facilities.	0 100			
	find the central find the central find in the	This Rule is not me 1. Based on observation observations and in a safe because breaches the fire-resistance-rated integrity. This could a visitors if smoke/fire compartment of original Findings on April 8, 2 a. There were gaps penetrate through the assembly at the following the following of the following the fire are gaps at the following the fire are gaps at the following the fire resistance rated currace room, The fire resistance rated currace room, The fire resistance as holes in the following the following fire following the following fire following the following fire following	t as evidenced by: vations, the Building was not and operating condition, nrough the construction invalidated its effect all residents, staff and is not contained in Room or n, 015: around cables that offer resistance rated celling wing locations to include but aroom, tound cables, refrigeration as they passed through the eilling essembly in the e rated celling assembly ing locations: i inches et, linch hole were something		Chole Will Of Fix and in Bedroom II. Bathro Bedroom ID, Bedroom All gaps around cab refrigeration lines of PVC piping has als been fixed and repaired and fixed in Bedroom Sand ceiling in Busin Africe and Manager Ent conduit have been ixed and repaired in ned Room	end oriced mill, spedran ness office	71

یا	Division	of Health Service Re	egulation			FORM	APPROVED
1 3	STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	Town pare	
11	eur b Del	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN			SURVEY PLETED
1							
L		1	HAL081008	B. WING	,		
L	IAME OF	PROVIDER OR SUPPLIER				04/0	08/2015
1					STATE, ZIP CODE		
S	OUTHE	RN MANOR REST HO		OIN ROAD			- :1
\vdash	(X4) ID	Company or a		CITY, NC 2	8043		1
	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	10	PROVIDER'S PLAN OF CORRECTIO	N	(XS)
	TAG	REGULATORY OR LS	C IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DIE	DATE
_					DEFICIENCY)	NAME .	UAILE
	C 189	Continued From pag	ie 15	C 189			
				0 100			1
	- 1	g. The gas line had nepetrated the fire-re	d a 5/8 inch gap around it as it		Les A test	, 1	
	[following location to	esistance-rated ceiling at the include but not limited to:		all Gaps will	De 1	8661
		i. Kitchen.	include but flot limited to,				8/34/15
		h. The exhaust fan	had dropped down from the		00 1 1 10 04	Con !	, ,
	- 1	ceiling exposing gap:	s between the unit and the		Repaired in Ceili	19	- 1
		opening through the	fire resistance rated ceiling			٠, ١	- 1
	- 1	assembly at the follow	wing locations to include but		Repaired in Ceile Gap has been repair	rec)	,
	- 1	not limited to:			oup	- 1	- 1
	- 1.	i. Bedroom 11 Bath	room,	1	in Gas line.		- 1
	9.1	 The HVAC grille is considered. 	had drop down from the	1	The Gaps in the Ki and in Bedroom Hai HVAC grill, and door h	tchen	
	- 13	opening exposing gaps	between the duct and the ire resistance rated ceiling		The Gaps II. The	h .	
		assembly at the follow	ving locations to include but		and in Bedroom, 1100	\u	- 1
		not limited to:	ring rocations to include put	ĺ	and door h	26	
	j i		room,	- 1	been fixed in the cornwall and door frame		- 1
	- 1	The corridor wall:	and door frame at Bedroom		hoen fixed in the con	riaor	
	1.5	was cracking open o	up gaps through the	1	bear frame	2.	- 1
	1	ire-resistance-rated c	onstruction.		Walland		- 1
	12	Rasad on observe	tion and intended		OA BANKUUUTI L		- 1
	l n	nanager the Building	tion, and interview with was not maintained in a	- 1	all non working de	yìŒ\$	1
	5	afe and operating cor	ndition because there were	1	til hon voor 2 g		1
	e	xtra fire alarm device	s that may not function	- 1	will be removed.		1
	p	roperly or have been	tested and maintained	- 1	Will Go		- 1
	a	nnualiy. This would at	ffect all residents, staff and				- 1
	j vi	sitors by giving them	false assurance that the			- 1	1.
	DI	uilding has additional	fire protection.	- 1			1
	10	ndings on April 8, 201	15:	- 1	•	- 1	ŀ
	de	vices were either poi	ilding extra fire alarm nted, dirty or possibly				1-1
	ab	andoned. This is not	in accordance with the NC		al rula Cia		-
) Fit	re Prevention Code w	hich requires fire	11	til fixtic tive	1	
	pro	otection system and/o	or equipment not	['			, [:
	ins	spected, tested and m	naintained must be		lace hove heen	(0/	19/15
		moved,		U	All Extra Fire larm have been Removed	19/1	70
	3.	Based on observation	on, the Bullding was not		0 20000		
	ma	iintained in a safe and	d operating condition		Kemorea		
o.k	ped	cause the emergency	lighting, which				
on c	r mealth	Service Regulation					

STATEMEN	of Health Service R				FUR	MAPPRO\
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G: 01		E SURVEY IPLETED
		HAL081008	B. WING		0.4	00/2045
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	1 04/	08/2015
BOUTHER	N MANOR REST HO	ME 390 HAR	DIN ROAD			
(X4) ID	SI SERVICE OF	FOREST	CITY, NC 2	8043		
PREFIX TAG	(EACH DELICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOLE D. BE	(XS) COMPLET DATE
in in	ontinued From pag furninates the egres	ss pathways during namer	C 189			
a pr or Fi a.	utages, did not wor il residents, staff an athways were not il utages and there wordings on April 8, 2 The wall-mounte	k properly. This would affect id visitors if the egress luminated during the power as no other illumination. 2015:		all emergence Lighting has been theck of	re	to/20/18
ind a, b, c. 4, ma bed ext ma a p resi kitc ope Find a, com syst b, com syst keep 5, i main exter order This not ke	Dining, Storage, between Between Bedroom Based on observatintained in a safe acause the commercinguishing system I intenance and docroperly working system for the semi-annumercial kitchen hodern was last maintained in a operatinguishing on April 8, 20. Per the semi-annumercial kitchen hodern was last maintained in August 2013, bing of the monthly Based on observation door door do the elements, in could affect all residents are could affect all residents.	ation, the Building was not and operating condition, the Building was not and operating condition, all kitchen hood's fire acked the inspections, amented required to ensure tem. This could affect all itors if the commercial asion system fails to needed. 15: all maintenance tag, the od's fire extinguishing ained in August of 2013. It was maintenance of the od's fire extinguishing there has been no record inspections. on, the Building was not ag condition, because the se completely and latch in asect, and vermin out.		Repaired in and storage bed Laundry and Bed Bed Bedroom Nill be checked laily basics to en Safe Documentation of Ichen hood been in speak	tween toom 7, 849, on a sure	23/15

AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	OCO MILEY	IPLE CONSTRUCTION		
	OF CONNECTION	IDENTIFICATION NUMBER:	A. BUILDIN			E SURVEY PLETED
		İ			1	PLETEU
		HAL081008	B. WING _			
MME OF	PROVIDER OR SUPPLIER	EXPLETA	hannes		04/	08/2015
		300 HAD		, STATE, ZIP CODE		
MIOO	ERN MANOR REST HO	ME FOREST	DIN ROAD CITY, NC 2	28042		
(X4) ID	6UMMARY STAT	EMENT OF DESIGNATION	I ID			
PREFIX TAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH	IOUII D bid	COMPLETE
		PING INFORMATION)	TAG	CROSS-REFERENCED TO THE AP	PROPRIATE	DATE
C 189	Continued From pag	- 47	 	DEFICIENCY)		
0.00	Continued From pag	je 1/	C 189			
	A . D		1	1	- 1	
- 1	b. Based on observ	ation, the Building was not			- 1	
	hecause the fire prot	and operating condition,		[111	
- 1	maintained This wor	ection equipment was not ald affect all residents, staff		101 (10 00)	1040	
	and visitors by not de	tecting smoke and activating		all the from		
- 1	ие лге alarm.	_			. (
	Findings on April 8, 2	015:		accionned has	been	
- 1	 An extra smoke of 	letector was making a	- 1	egan		6/19/15
	chirping sound at the include but not limited	following locations to		,		1 .112
	i. Bedroom 11.	to:		all fire prote equipment has	d l	
		system's heat detector		THE GI HOUSE		
10	was dangling from the	ceiling by its	- 1	SMAKA detector h	as been	1
1.0	ower/operational wire	at the following locations		repaired and heat	dolali	
1.5	o include but not limit	ed to:	[repaired and new	· verego	or
1.0			. 1	has been repaired.	and 1	
	. Bedroom 4.	1		pantry and Bedro	am 4	
7.	. Based on observat	tion, the Building was not	1	running and same		
m	aintained in a safe ar	nd operating condition, by			- 1	
Fel	wing to ensure that ed	Ifess from all stear can be			ſ	
00	and without the use of	Kevs tools or special				
1 151	iowieage or effort. Th	is could affect some atoff	ĺ	•		- 1
1 011	ndings on April 8, 201	becomes franced incide.	[- 1
a.	The closets were to	cked from the outside with				- 1
1	hasp device and padi	ock at the following		Out Chasala wil	11 [- 1
loc	cations to include but	not limited to:		MI HOSER MII	"	- 1
15	Bedroom 11,					, 1
11.	Bedroom 13,		1	ne Exectand re	paired 8	12h1
8.	Based on show of				3	20//~
	odaeu on opservatio	on, the Building was not	1.5	CUI Closets will be fixed and re n Bedroom 11 * 12	0	9
bec	intained in a safe and	operating condition, htting system was not				- 1
Dei	ng operated or maints	alried sefely providing				- 1
1 1016	able illumination. This	could affect all			J	1
res	idents, staff and visito	if walking areas and				1.
Jone	es are not properly ille ping hazards or obstru	Uminated, warning of				

Divisio	n of Health Service R	egulation			PRINTED: 05/28/201 FORM APPROVE
AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTU A. BUILDIN	PLE CONSTRUCTION G: 01	(X3) DATE SURVEY COMPLETED
		HAL081008	B. WING_		04/08/2015
NAME OF	PROVIDER OR SUPPLIER	STREET	DORESS, CITY.	STATE, ZIP CODE	1 04000013
SOUTH	ERN MANOR REST HO	ME 390 HAR	DIN ROAD		
(X4) ID	SUMMARY STAT	FOREST TEMENT OF DEFICIENCIES	CITY, NC 2		
PRÉFIX YAG	REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D.BE COMPLETE
C 189	Continued From pag	je 18	C 189		
	missing some form of making it difficult to k	2015: rior light fixtures were of cover, globe, or shroud, leep rain out of the fixture t to the walking areas or		all exterior lig will be fixed repaired	Sht 8/30/6
i c	maintained in a safe a because some buildir function as originally i This could affect all re the component does re contain smoke/fire in to origin indings on April 8, 20	ration, the Building was not and operating condition, ag components failed to ntended or are missing, asidents, staff and visitors if not function and cannot the fire compartment of		Will be fixed	
iii iii 10 m bo fu all	Corridor door to Be Corridor door to Be Corridor door to Le Corridor door to Be Corridor door to Be Corridor door to Be Corridor door to Be Corridor door to Be Corridor door to Be Corridor as originally into the Education as originally into the Education as originally into the Education Corridor Cor	t used at the following t not limited to: edroom 14. sundry, edroom 7 tion, the Building was not ad operating condition, components are failing to dended. This could affect distors if insects, vermin or building.		Door Knob all Door Will be Fixed in Bedroom and Laundry and bed	14 8/30/5-1
i. ii. 11, ma bec pas	sted away at the floor, include but not limited Bath 1 Tub1 Based on observation intained in a safe and cause the corridor door	at the following locations to: on, the Building was not toperating condition	1	Will be fixed in will be fixed in athland Tubi	8/34/5

Divisio	n of Health Service R	egulation			PRINTE	D: 05/28/20 MAPPROVE
STATEME	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG: 01	(X3) DAT	E SURVEY
NAME OF	COCUMENTO OR ALL	HAL081008	B, WING		04/	08/2015
	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY	STATE, ZIP CODE		00,2010
SOUTHE	ERN MANOR REST HO	OME 390 HAR	RDIN ROAD			
(X4) ID	SUMMARY STAT	TEMENT OF DEFICIENCIES	CITY, NC 2			
PREFIX	REGULATORY OR LS	MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
C 189	Continued From pag into their fames with	acceptable gaps under	C 189	All gaps have be repaired and frames have be	een	
	normal closing force.	. This could affect all		repaired and	Door	
- 1	contain smoke/fire in	isitors if the doors did not the room of origin.		frames have b	een	
- 1	Findings on Abril 8, 2	015; r did not fit the doorframe		repaired,	1	
	and would not latch w	fithout extra closing force at 1				
- 1	the following locations to:	s to include but not limited			ļ	
1.	i. Bath 1		1			
	12. Based on observa	ation, the Building was not				
1.0	naintained in a safe a	ind operating condition	- 1			
1.6	ecause the corridor of	doors did not resist the	-			
1 12	osinvely/automaticalli	V latching into their frame			1	
) 0	nder normal closing f	OFCR. This could affect all				
[la	noned and did not cor	itors if the doors were not ntain smoke/fire in the			1.	. 1
110	om or origin.	1	1.	1 1 July has h	een repl	acea
a	indings on April 8, 20: The left side corride	or door to Dining was	1	aten bolt has	ce has	
m	issing its latch bolt.		a	nd latenting gevi		- 1
b.	The right side corrid	dor door to Dining was	1	atch bolt has b no latching devi peen repaired Will be fixed	bul	- 1
C.	iseing its lattening devi	ice. os against its frame and	1	WIII DE TING	- 79 le	30/15
wil	in not close at the follo	wing locations to include	- 1		0/	30/,,1
bu	t not limited to: Bedroom 13,					''5
d.	Bedroom 9, the corr	idor door's latch bolt is			1	- 1
reti	acted and does not be	afch i				- 1
e.	and the group and the	t latch to its frame.			- 1	
not	limited to:	imples include but are			1	- 1
1,	Right Shower Room,				-	- 1
ii.	Bedroom 5.		1		1	
f.	The corridor door fra	mes were missing their				- 1
Jane	e plates. Locations of ude but are not limited	f specific examples				- 1
i inch		1 H 1				
i.	Housekeeping, iervice Regulation	10.	-			- 1.

Divisio	on of Health Service R	egulation			PRINTED: 05/28/2019 FORM APPROVE
STATEM	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG: 01	(X3) DATE SURVEY COMPLETED
		HAL081008	B. WING_		
NAME OF	PROVIDER OR SUPPLIER	STREET	DORESS, CIT	Y, STATE, ZIP CODE	04/08/2015
SOUTH	ERN MANOR REST HO	ME 390 HAF	RDIN ROAD		
(X4) ID	SI ISSUADV CYC	FORES1	CITY, NC	28043	
PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OBE COUNTER
C 189	Continued From pag	pe 20	C 189		-
	il. Laundry,			'	
1	maintained in a safe because the electrical being operated or ma affect all staff, by allo persist. Findings on April 8, 2 a. The light switch we following locations to i. Bedroom 14. b. There were unappedapter(s) at the following locations to limited to: i. Bedroom 14. c. The electrical power the following locations or the following locations or the following locations or the electrical power following locations or the fo	vas broken or missing at the include but not limited to:		all cover have been Replaced	4/19/15
b di the are sr Fi a. foo i. ii.	naintained in a safe ar ecause, some corrido evices that do not release door, preventing the door, preventing the sidents, staff and visit moke and fire in the reindings on April 8, 201 Corridor door(s) we flowing locations to income a bedroom 9, Bedroom 14. Based on Observationerly maintain system doings on May 5, 2015	tors by not containing from of origin. 5: re wedged open, at the clude but not limited to: on, the facility failed to		Will be fixed by	8/30/15

Division	n of Health Service R	egulation			• • • • • • • • • • • • • • • • • • • •	FORM APPRO	VED
STATEME	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILON	IPLE CONSTRUCTION	0	(3) DATE SURVEY COMPLETED	
	•	HAL081008	B, WING_		_	04/08/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CIT	, STATE, ZIP CODE		0-1/00/2015	_
SOUTH	ERN MANOR REST HO	OME 390 HA	RDIN ROAD				
		FORES	T CITY, NC	28043			:
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE DO THE APPROPRIA ICIENCY)	COMPLE TE DATE	me :
C 189	Continued From page	ge 21	C 189				\neg
	outside air to enter i	ace, leaving an open slot for ncluding insect. In addition, ng unfiltered air that could		·			
F a e e b p th	maintained in a clear This could affect real providing harborage Findings on April 8, 2 a. The Closet to Be with items. The items floor and 17. Based on Observerovide an environme Rule. This would affect items by potentially conditions. Findings on April 8, 20 a. Some plumbing fit nough to reach gray quipped with vacuum acksiphonage of gray otable water plumbing of following locations: The Shower in Bat	for vermin. 1015: 1016: 1016: 1016: 1016: 1016: 1016: 1016: 1017: 1018:		All Items Fixed b	Will be	8/34/15	
SE	CTION .0300 - PHY	lec. Heaters Prohibited	C 191				
(b) ma wir foll app	A NGAC 13F .0311 QUIREMENTS There shall be a he	OTHER ating system sufficient to (24 degrees C) under In addition, the heaters and cooking		iul protabl naive been	e heater Renoved	415/5	,
	Service Regulation						-

L D	ivisio	n of Health Service R	egulation			PRINTED: 0 FORM AF	15/28/201 PROVE
5	TATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSYRUCTION IG: 01	(X3) DATE SU COMPLE	IRVEY
<u> -</u>	Lun an		HAL081008	B. WING		04/08/2	2015
J ~~	ME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY	, STATE, ZIP CODE	1 04/00/2	2019
so	OUTHE	ERN MANOR REST HO	ME 390 HA	RDIN ROAD	, , , , , , , , , , , , , , , , , , , ,		
	(4) (D		FORES	T CITY, NO 2	28043		
PF	REFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SMC CROSS-REFERENCED TO THE APPLICATION DEFICIENCY)	OUI DIRE O	(XIS) OMPLEYE DATE
C	191	Continued From pag	pe 22	C 191	1		
	o F	portable electric hea (k) This Rule shall a facilities with the exc which shall not apply This Rule is not met 1. Based on Observation of provide an environment Rule. This could affect visitors if heater were The danger increases combustible material	ters are prohibited. apply to new and existing seption of Paragraph (e) to existing facilities. as evidenced by: vation, the facility failed to ent in accordance with this at all residents, staff and the ignition source of a fire, if used by resident or were near.	C 191	Re moved	6/2	5/5
C	S 10 R (9 pt two rebeth (1) (2) (3) (4) (5) (k) fac whith 1.	ro cubic feet per minu quirement does not a prore April 1, 1984, wi ese specified spaces) soiled linen storage) soil utility room;) bathrooms and toile housekeeping close laundry area. This Rule shall appl idities with the except ich shall not apply to is Rule is not met as Based on Observati	OTHER In this Paragraph shall be ventilation at the rate of site per square foot. This apply to facilities licensed th natural ventilation in the rooms; et rooms; ets; and by to new and existing ion of Paragraph (e) existing facilities.	C 199	all EXhaus7 Veni Jill be Repowed	+ / 8/34/	5

STATERA	n of Health Service R	Regulation			FOR	MAPPROV
AND PLA	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG: 01	(X3) DAT	E SURVEY
		HAL.081008	B, WING _		04	08/2015
IAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	STATE, ZIP CODE		08/2015
OUTH	ERN MANOR REST HO	OME 390 HARD	OIN ROAD	THE STATE OF THE S		
		FOREST	CITY, NC 2	8043		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY SHIP ID PROVIDER'S PLAN OF CORRE			OUR DIRE	(XI) COMPLETE DATE	
C 199	Continued From pag	ge 23	C 199	District)		
	Rule by not maintain	ning the ventilation where I. This could affect all visitors by subjecting them to	0 100			
	 The exhaust accumulation of dust to include but not lim 	grilles have an excessive flint in the following locations ited to:		all Will be Repaired		8/30/15
	the fan was running in c. The exhaust vent Locations of specific	rage. ventilation had no cover and n Bedroom 14 Toilet Room. tilation was not working. examples include but are		Repaired.		
- !!	not limited to: Housekeeping.				, .	
						- 1.
			ŀ			- 1